



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



CONFIRMATION NO. 8757

Bib Data Sheet

|                             |  |              |                        |                                    |
|-----------------------------|--|--------------|------------------------|------------------------------------|
| SERIAL NUMBER<br>10/086,753 | FILING OR 371(c)<br>DATE<br>03/01/2002<br>RULE | CLASS<br>606 | GROUP ART UNIT<br>3731 | ATTORNEY<br>DOCKET NO.<br>ARVI-001 |
|-----------------------------|--|--------------|------------------------|------------------------------------|

## APPLICANTS

SUNDARAM RAVIKUMAR, BRIARCLIFF MANOR, NY;

## \*\* CONTINUING DATA \*\*\*\*\*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 03/28/2002

|                                 |   |                        |                     |                    |                         |
|---------------------------------|---|------------------------|---------------------|--------------------|-------------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input type="checkbox"/> no  | STATE OR COUNTRY<br>NY | SHEETS DRAWING<br>5 | TOTAL CLAIMS<br>13 | INDEPENDENT CLAIMS<br>3 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                        |                     |                    |                         |
| Verified and Acknowledged       | Examiner's Signature  | Initials               |                     |                    |                         |

## ADDRESS

DAVID P GORDON  
 GORDON AND JACOBSON P.C.  
 65 WOODS END ROAD  
 STAMFORD, CT06905

## TITLE

BLOOD VESSEL OCCLUSION DEVICE

|                            |   |   |
|----------------------------|---|---|
| FILING FEE RECEIVED<br>395 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|----------------------------|---|---|